

**FILED SEP 26 1946**

Registration District No. **26**

Primary Registration District No. **4427**

Registrar's No. **80**

**1. PLACE OF DEATH:**

(a) County Pulaski  
 (b) City or town Waynesville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)  
 In this community 5 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pulaski  
 (c) City or town Waynesville, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No.....  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Margaret Glover

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Albert Glover 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased May 28, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 2 2 hr. min.

9. Birthplace Camden Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business.....

MOTHER FATHER  
 { 12. Name Calvin Schrimpecher  
 { 13. Birthplace Ky.  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Nancy Eaken  
 { 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant William Glover  
 (b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof 8/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Grove Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons.

(b) Address Crocker, Mo.

19. (a) 9/21/46 (b) Louise S. McClintock  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 1  
 year 1946 hour 10 minute 45 M.

21. I hereby certify that I attended the deceased from July 1, 1946 to August 1, 1946  
 and that I last saw her alive on August 1, 1946  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Stroke

Due to Hypertension

Due to Arteriosclerosis

Senility  
 Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?.....  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature R O DeWitt (M. D. or other) 80  
 Address Waynesville, Mo. Date signed 9-17-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 27 1949

AUG 25 1949

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Crocker, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.